



DENTAL BOARD OF CALIFORNIA
 1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241
 TELEPHONE: (916) 263-2300 FAX: (916) 263-2140
 www.dbc.ca.gov



ORAL & MAXILLOFACIAL SURGERY PERMIT APPLICATION

Business & Professions Code § 1638-1638.5

NON-REFUNDABLE FILING FEES

Application \$150

Fingerprint processing \$56 If fingerprint cards are submitted.

Office Use Only

Receipt No. _____ RC No. _____

Date _____ Amount _____

OMS Permit _____ Date Issued _____

Full Name: _____

Mailing Address _____

Practice Address (if different) _____

Telephone Number: _____ Birthdate _____ SSN _____

CA Medical License number _____ Date Issued _____

Has discipline been taken against this license? _____ Yes _____ No

Dental license number(s) _____ State(s) of Issuance _____

Has discipline been taken against license(s) or has license been surrendered with disciplinary charges pending?

_____ Yes _____ No

Have you ever been convicted of any offense, misdemeanor, or felony in any state, federal jurisdiction, or a foreign country? You must report **ANY** misdemeanor or felony convictions, as well as infractions specified in § 19.8 of the Penal Code. You must report these offenses even if by pleas of nolo contendere (no contest), irrespective of a subsequent order that expunges the criminal record under the provisions of § 1203.4 of the Penal Code. This section requires you to report any conviction to any state or local licensing agency even if the conviction is dismissed under the provisions of this section.

Falsely answering no to this question may result in the denial of your application or subjecting your license to discipline pursuant to § 480(c) of the Business & Professions Code.

_____ Yes _____ No

Note: See OMS Information for documents required to be submitted with this application.

Certification - I certify under the penalty of perjury, under the law of the State of California that the information in this application and any attachments are true and correct.

Applicant's Signature _____

Date _____

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 1432 Howe Ave, Suite 85, Sacramento, CA 95825, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.